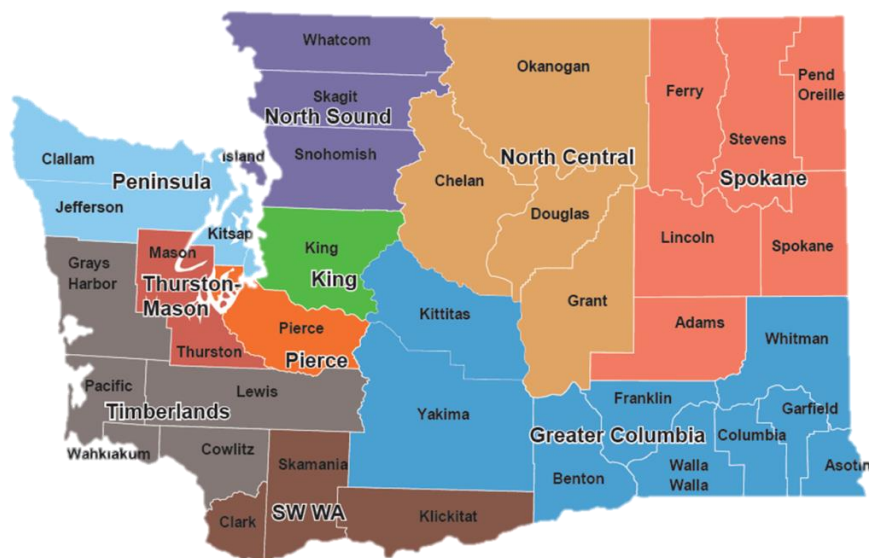


Physical and Behavioral Health Integration Summary of ESSB 6312

Background

ESSB 6312 “An Act relating to state purchasing of mental health and chemical dependency treatment services” was passed by Washington State legislature on March 12, 2014.

- Calls for the creation of **new Regional Service Areas (RSA)** for Medicaid purchasing by the state. King County is a single RSA.



- Calls for the **integrated purchasing** of mental health and substance abuse treatment (collectively, **behavioral health**) services through managed care by April 1, 2016.
- Calls for **full integration** of mental health, chemical dependency and physical health care through managed care contracts by January 1, 2020.
- Allows for “**Early Adopter**” Option for integrated purchasing of physical health, mental health, and chemical dependency treatment services by April 1, 2016.

Behavioral Health Organization / integration by April 1, 2016

Major changes:

- Behavioral Health Organizations (BHO) will replace Regional Support Networks (RSN) and County Chemical Dependency Coordinators.
 - One BHO in each region.
 - King County MHCADSD would serve as the BHO for the King County region.

- Purchasing of mental health and chemical dependency treatment services through managed care contracts.
 - This already happens for mental health treatment services.
 - Requires significant changes for chemical dependency treatment services moving from a fee-for-service payment structure to a managed care payment environment.
 - The BHO will receive a single, capitated payment for all Medicaid eligible individuals in the region and will assume full financial risk for both mental health and chemical dependency treatment services.
- Increased use of evidence-based, research-based and promising practices.
- Increased accountability for client outcomes and performance measures.

Full behavioral AND physical health integration by January 1, 2020

Major Changes:

- State purchasing of medical, mental health, and substance abuse disorder services through managed care contracts
 - Medicaid funding and service responsibility for mental health and chemical dependency treatment services may be transferred from the BHO to Managed Care Organizations (MCOs) (minimum of 2 per region).
 - MCOs will have full responsibility and full financial risk for medical, mental health, and substance abuse disorder treatment services for all Medicaid eligible beneficiaries in the region (approximately 390,000 covered lives).

Early adopter pathway not right for King County

- County authorities in a regional service area could request to be an “early adopter” by agreeing to integrated MCO contract(s) by April 1, 2016. Early adopter regions are eligible to receive 10% of any savings realized by the state as a result of fully integrated purchasing beginning in 2016 for up to 6 years or until fully integrated purchasing is implemented state-wide.
- Following discussions with HCA and DSHS, Executive staff determined that **King County will not pursue early adopter status** as described in the establishing legislation (ESSB 6312) since the 2016 deadline would not allow sufficient time for community-involved design of a sustainable integration model that will ensure continued service to King County's large and complex service population. However, King County is committed to moving forward on an accelerated, but not precipitous, schedule to get to "whole person care" as early as 2017.

What are we doing to get there?

- Contracting with national experts at the Technical Assistance Collaborative, Inc. (TAC) to help determine what the County's unique role should be in the delivery of fully integrated medical, mental health, and substance use disorder treatment services.
- Working in partnership with the Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) to develop a pathway to full integration that allows King County to move to full integration as quickly as possible, while assuring clients get the services they need.

- Working with the managed care plans to implement best practices and address the unique challenges that exist in serving people with complex behavioral health conditions.
- Working to integrate mental health and substance abuse treatment services into managed care as Phase I on the path to full integration.
- Creating a Physical/Behavioral Health Integration Design Committee, with broad-based stakeholder participation, in April 2015.
- Ensuring that, in the process, we can leverage the \$70 million in local resources spent every year on behavioral health services in King County through the MIDD and the Veterans and Human Services Levy.

Proposed Draft Timeline:

1. Establish a kitchen cabinet/steering committee (8 to 10 people) to advise the county on the charter and membership for the subcommittee (March 2015)
 - a. Cross sector with overlap from Familiar Faces Management Guidance Team and Community Alternatives to Boarding Task Force
2. Engage a consultant to support the work of the Design Committee and facilitate Design Committee meetings (requires resources – March 2015)
3. Integration Design Subcommittee begins meeting in April 2015
4. Design Work for and fully integrated system of care (April – Dec 2015)
5. Phase I – integrated mental health and substance abuse services begins (April 2016)
6. Phase II – implementation of behavioral health in primary care (expand MHIP/SBIRT) (2016)
7. Phase III - Specialty behavioral health design work (2016)
8. Phase IV – Full integration procurement (2017)